

DRAFT
**STATE ADVISORY COMMITTEE ON
SUBSTANCE ABUSE SERVICES**

February 8, 2005
Country Inn/Suites
5353 North 27th
Lincoln, Nebraska

COMMITTEE MEMBERS PRESENT: Kathy Seacrest, Ann Ebsen, Jerome Barry, Dr. Subhash Bhatia, Jane Morgan, Dr. Delinda Mercer, Linda Krutz, Wehnona St. Cyr, Brenda Miner, Ron Sorensen, Laura Richards, Topher Hansen.

HHS STAFF PRESENT: Cec Brady, Betty Alm.

GUESTS PRESENT: Nyla Helge, Kate Speck.

INTRODUCTIONS/WELCOME

Chairperson, Kathy Seacrest called the meeting to order and asked everyone to introduce themselves. A quorum was present.

APPROVAL OF NOVEMBER 10, 2004 MEETING MINUTES

The November 10, 2004 State Advisory Committee on Substance Abuse Services meeting minutes were approved as mailed. The By-Laws were approved at that November meeting.

Added to today's agenda: Licensure Board.

The Behavioral Health Council will be meeting this afternoon.

PUBLIC COMMENT

No comments.

MEDICAID

- Ron Sorensen announced the substance abuse Medicaid waiver is going forward and will be implemented very soon.
- Substance abuse services will be Medicaid reimbursable and agencies can make claims retroactively – will be moving toward that. Two mailings will be sent out: becoming a provider and billing process.
- Ron noted that discussions have been held with Medicaid to provide training.

- Kathy Seacrest suggested that in the future mailings be sent out jointly between the Division of Behavioral Health Services and Medicaid.
- Management of this process will be handled by Magellan.
- Jerome mentioned it is important that providers that do not have region contracts are aware of the new evaluation form.
- Dr. Bhatia requested a copy of the letter from Medicaid be sent to the State Medical Societies.
- It was recommended that clarification is needed on 19-20 yr. olds. They are covered in the children's Medicaid and in the new adult Medicaid.
- Nyla Helge joined today's meeting. Nyla is the contractor with HHS Medicaid and the Division of Behavioral Health Services to implement adult substance abuse waiver. Cec Brady, HHS Medicaid, also joined the meeting.

Nyla distributed a handout.

(HANDOUT: Announcement that effective Feb. 1, 2005 Adult Substance Abuse Treatment Services for Medicaid Managed Care recipients will be reimbursed to providers directly from Nebraska Medicaid; Service Definitions; Clinical Assessment and Placement Summary; Codes and Rates; Billing Form CMS 1500 and Examples; Technical Assistance; Provider Enrollment Instructions and Agreement Forms).

This mailing was sent to Behavioral Health providers that are contracting with regional entities – they will be the provider panel during this initial phase.

-Reimbursement will be for Medicaid Managed Care recipients age 19 and older.

Q: Where does substance abuse residential treatment fall if the client is 19 or 20—does the agency bill adult or child Medicaid?

A: Service providers do serve 19 and older. If they are under Chapter 32 they can be served in either program according to Cec Brady and Nyla.

-Medicaid staff is calling providers and will talk with them about how to enroll – each provider will need a provider number.

-Cec Brady explained the quickest change to the computer system was to create a separate number for substance abuse rather than use the numbers that were for mental health MRO.

-Kathy suggested that the regions should also receive the handouts that were mailed to providers. Nyla explained this has not been done. Kathy suggested that it be part of our recommendations.

-Regarding Magellan – everything is the same – no changes for providers; still register with Magellan.

-Nyla encouraged everyone to call her directly (402-471-2933) with any questions.

-Substance Abuse Service Definitions – providers had input on the service definitions – the draft went out in December. All but the highest level of ASAM were adopted.

-Medicaid is working with UNMC on the Opiate Maintenance Therapy.

-Copyright adaptation permission was received from ASAM for Behavioral Health and Medicaid – clinical specifications.

Q: Is there different reimbursement rates for dually capable and dually enhanced?

A: All providers are considered dually capable at this time. We are not ASAM at this point but will be working with providers to become so.

-Jerome mentioned – doesn't seem that all are dual capable. Recommend further definition of "dual capable" and "dual enhanced treatment". Cec Brady explained we will see better what the issues are in the next year and adjust.

-Nyla explained every provider in the network enrolled in Medicaid will submit invoices and get them all paid quickly. Another role will be the need to ask questions/answers consistently with substance abuse in Nebraska and how close we are to ASAM.

-Community support is listed as an outpatient service. Kathy Seacrest added that community support is not licensed and not reimbursed by Medicaid. Nyla explained the community support person is not licensed but the direction person would be licensed (LADC).

-In ASAM there is a plan comprised of a licensed person, and it is determined if community support is the driven. Cec Brady explained we will have to discuss what the parameters are. The current BHS definitions do not require this.

Q: Will there be anything different with the Tribes?

A: No.

Q: Is this going to transition to the children's side?

A: Not in the works at this point. We have worked hard to integrate drug abuse and mental health.

Q: Does a provider have to have a current substance abuse contract with the Region in order to be a provider for this service?

A: Have to have current substance abuse contract.

-Jerome mentioned – Criminal Justice Task Force – Standardized Model - ideal recommendation and placement doesn't always match but the data could be gathered to show gaps.

Providers may experience issues with levels of care with substance abuse.

-Nyla mentioned Initial Adult Substance Abuse Assessment form for Medicaid is new to Nebraska. Thank you to all – Behavioral Health, Medicaid, physicians.

-ASAM may be done electronically next year.

-Clinical Assessment and Placement Summary – Magellan will track this.

-Codes & Rates - Behavioral Health rates, Medicaid rates, outpatient.
Medicaid has looked at matching levels of care into ASAM levels of care.
We will be working on billing issues on Friday with billing offices of providers.

-Technical assistance phone calls will be scheduled this year – will include ASAM - slow changes as possible.

-Jerome mentioned it would be helpful for non-region providers who provide substance abuse to receive the mailing.

Q: Brenda Miner asked about more ASAM training.

A: Not yet. TOT training may be done down the road.

Q: Dr. Bhatia asked if the mailing has gone out to the medical society.

A: No.

He requested that this be done.

Q: Training package – CEUs.

A: CEUs – small piece with case management

-Thank you to Nyla Helge and Cec Brady for their presentation today.

Concerns that the Advisory Committee has:

-This may create controversy with the regions, since not all providers have substance abuse contracts and the Regions did not even know that the mailing had gone out.

-Will this increase the waiting lists at residential units?

-Some already being served with the state behavioral health funds.

-Behavioral Health dollars will have to match Medicaid.

-Ron mentioned 15-20% of substance abuse clients are Medicaid eligible – managed care – we have to pay. Concern is the other 80% are on a waiting list – same group of people.

-Another concern is payment issues – if there is an error on the payment document it will be sent back, that error is corrected, the form returned to the provider, sent in again, and if there is another error, it is returned to the provider again. The Committee suggests that Medicaid change their procedure and make all corrections at once before they return it to the provider.

REVIEW SUBSTANCE ABUSE BLOCK GRANT APPLICATION
(see at <http://www.hhs.state.ne.us/sua/suaindex.htm>)

Ron announced the slight reduction in appropriations from Congress.
We will be looking at funds from other sources.
The Feds have a formula for distribution and we have no input.

Kathy asked for ideas/input for the Division on what could be cut.

Ron explained prevention has to be a certain percent of the total – services, outpatient, short term residential, etc.
The state's priorities – higher intensity – higher levels of care – regional centers.

Q: How about partial hospitalization?

A: Not much money goes into partial hospitalization.

Ron explained care is needed when patients are out.
Payment issues: Kathy Seacrest asked everyone to let Ron know of any funding cut ideas.

BREAK

DIVISION UPDATES

REPORT FROM REGIONS

(HANDOUT: Map: Behavioral Health Regions-Proposed New Services
Phase I Plan as of 1-13-05)

This map was presented to the Oversight Commission in January.

Six million in funding for proposed new services – some are in place.

(handout: Behavioral Health Reform Region Progress Report for December
2004 – January 10, 2005)

Region 1 – acute for three years at Regional West Medical Center – they are the leaders in diverting people for the regional centers.

Region 2 – barriers for Region 2 include the fact that LB1083 says regions could only provide services if they were already providing that service. The contracting process slows the development of services but the region does have all services

up and running that were in the new contract. It is easier for Regions 1 and 2 because of more flexibility. Regions 1 and Region 2 are doing crisis response teams.

Q: Any spin-off if this is established?

A: Region 1 was doing crisis response teams.

Kathy mentioned there will be more money in acute and sub acute. Regions 2 and 3 have now acute services with local hospitals.

Region 2 – problem with communication and violent EPC client – the Division has created a resource. LRC takes the referral for violent clients. Over 30 days they are referred to LRC or HRC. The hospital discharge planner works this out.

Laura mentioned medical and community support are issues. Kathy mentioned LB95 covers medication for those who are committed – not just regional center commitments.

Region 3 – still looking for services

Region 4 – no contract yet with Faith Regional

Region 5 – does not receive money because LRC is remaining open

Region 6 – working on a contract for sub acute services – Community Resource Center – issue still not resolved with hospitals

Ron added that we are making progress. Have asked the regions to develop plan to expand services – Division will be reviewing those plans this week.

Kathy Seacrest stressed that substance abuse should not be lost – keep funding in substance abuse.

Wehnona St. Cyr reported on the Tribal issues:

Tribal Health Coalition has four tribes and they met and discussed the fact that the Winnebago hospital had to be torn down were wondering about a treatment center there.

It was recommended someone meet with the Intertribal Coalition. Ron Sorensen agreed to meet with the Intertribal Coalition.

LICENSURE ISSUES

A letter was sent after our last meeting to Kris Chiles, Regulations & Licensure. The letter requested that notification be sent to all substance abuse counselors and programs with information pertaining to specific areas where statute and regulations differ and let people know that the statute is the primary authority.

No response was received. This will be included in the recommendations to HHSS.

LICENSURE BOARD

Jerome reported that the Alcohol/Drug Licensure Board has met two times – have to review applications for Provisional and Licensure.

Grievances have been filed against counselors – seven at the last Bd. Meeting. Issues included: relationships, boundary violations, practicing out of scope of practice.

A big task the Board has is looking at new statutes and re-writing/updating Title 209. Seven meetings will be held. Title 209 will have to go to public hearing.

The Board is also involved in Legislation – clinical supervision, 6,800 hours paid work experience, knowledge of substance abuse with core functions. Expanded knowledge of substance abuse for physicians has been removed.

Discussion has been that the field will be losing counselors – lack of reading the statutes. Jerome says this has all been good for the field – the issue is a gap in communication.

LEGISLATIVE REVIEW – Ron Sorensen

The following Legislative bills were discussed:

LB204 – requires same rate for medical services.

LB332 – increases funds for problem gambling services.

LB376 – rate increase – 5% for Behavioral Health and Medicaid.

LB534 – redefine mental health professionals – psychiatric nurses, practitioners, mental health professions.

LB551 – impacts this Substance Abuse Committee – requires that 10 members appointed to the State Behavioral Health Council by each of the committees (mental health, substance abuse and problem gambling) two must be consumers. This amends LB1083, the Behavioral Health Services Act. There is not a current requirement for consumers to be on this committee. The committee however does have consumer representation and does not feel it has to be mandated.

LB562 – Liquor Control Commission – redefines number of alcohol establishments in a defined area.

LB618 - information system – regarding regional center people and who is waiting for services – how many are served – will have to start tracking – funding will be needed. This Includes \$4 million for community services, not administration. As LB1083 states – cannot close the regional centers until services are available.

LB726 – regions need to track – will create crisis response team in each region and take person to crisis response team – changes liability from law enforcement to team side – law enforcement is still involved – EPC issues.

LB728 – Provider reimbursement.

Jerome asked about the Legislative bill – number of LMHPs who are competent – until training changes in Nebraska LMHPs do not have the training. Ron Sorensen asked to let him know which bill this is.

LB598 – alcohol tax increase – provide funding for substance abuse services - goes through Revenue.

LB539 – Senator Brashear - \$1.5 million for substance abuse clients.

Linda Krutz explained that LB538 – Community Corrections – proposes forfeiture for law enforcement and some of the money be used for substance abuse treatment programs.

LB846 – now law -Community Corrections Council – stakeholders group involved with Corrections – alternatives to incarceration. Statewide plan to deal with non-violent felony drug offenders. LB846 mandates looking at sentencing guidelines. Prisons are overcrowded and cost is \$100 million to build another prison. Probation has developed intermediate sanction plan and working in the community. The Council has done some good things.

Kathy mentioned – will have funds to purchase treatment and will enhance the system and substance abuse treatment.

Q: How does this fit with the Drug Courts?

A: Drug Courts are similar – Drug Courts are a different population but resources can be shared.

As part of LB846, the Crime Commission is charged with developing a uniform data system.

Suggestion was made that the bill should include funding source as an amendment.

SUBSTANCE ABUSE TREATMENT TASK FORCE – Kathy Seacrest

A work team has been created to implement the standardized model. This team is now a subcommittee of the Community Corrections Council.

This went to the Corrections Council and they agreed to be the subcommittee. Recommendations will be taken to the February 18, 2005 Corrections Council meeting. There is some controversy regarding the scope of practice. Kathy will provide information at the next Substance Abuse Advisory Committee meeting.

REPORT ON OVERSIGHT COMMISSION – Topher Hansen

The Commission met and reviewed updates for transition to community-based services. \$1.5 million for the state is in process. Topher is working on how the dollars are shaping up and has asked for Medicaid updates, etc. He has asked for reports using Medicaid to pay for other services.

Topher mentioned the alcohol tax bill was killed the same day. Need to talk to Revenue to see the bigger picture.

There is an 80% chance that Charles Curie, SAMHSA Administrator, will be visiting here. Substance Abuse Action Coalition will be meeting and CenterPointe annual meeting will be held.

SUBSTANCE ABUSE TRAINING – LMEP

No report today from LMEP.

REPORT ON THE ASI/CASI AND ATTC ACTIVITIES – Kate Speck

(HANDOUT: Prairielands ATTC Toolbox Training-March 11, 2005; NE Substance Abuse State Advisory Meeting Feb. 8, 2005)

- Prairielands ATTC is one of 14 ATTCs across the nation. We are working with surrounding states: Iowa, Minnesota, South Dakota, and North Dakota.
- Kate reported she has done the Training and TA- Motivational Interviewing....Lutheran Family Services, Lincoln; Work Ethic Camp, McCook; Alegent Behavioral Health, Omaha.
- Next steps – TA and into practice with clients.
- Working on research project, e.g. outcomes. Dr. Bhatia requested information be sent to him.

- ATTC Educators Conference was held in Rapid City – participants from five states attended – educating them on research on addictions and how to prepare training with adult learning.
- Working with LMEP for TAP participants who wish academic credit for TAP courses to get college credit.
- Have done interviews with radio stations: KZUM and KFOR. Discussions held with KFOR for September Recovery Month to possibly interviewing people about their experiences related to recovery.
- Problem Gambling Conference scheduled for March 8 and 9, 2005.
- ASI/CASI training – ASI every other month; CASI will be done Feb. 17-18, 2005 in Omaha. Have just finished processing an additional 50 newly trained ASI participants – 46 passed, two did not pass and two need additional homework submitted.

RECOMMENDATION REVIEW FOR BEHAVIORAL HEALTH COUNCIL AND HHS DIRECTOR

The Committee reviewed all the recommendations that will be sent to the Division Administrator. There was unanimous approval for recommendations.

Suggestion: The recommendations be sent to Richard DeLiberty and request they be sent to the Policy Cabinet.

NOTE: The recommendations letter dated Feb. 11, 2005 sent to Richard Deliberty, Administrator, Behavioral Health, is attached to these minutes.

NEXT MEETING DATE: May 10, 2005

Agenda items for next meeting:

Prevention

Substance Abuse Treatment Task Force

Regional Reports

Tribal Reports

Behavioral Health Reform Update

No public representation at today's meeting. It was suggested the agenda be E-Mailed to substance abuse programs, etc. in addition to having in on the Website.

MEETING ADJOURNED.

Submitted by:

Betty Alm, Staff Assistant
Division of Behavioral Health Services